

Application No.: 10/642,447
 Filed: 8/15/03
 TC Art Unit: 2624
 Confirmation No.: 1584

Rev 9/06

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COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Date: May 16, 2007

Attorney

Docket No.: MAIT-009XX

Sir:

In re application of: So et al.

Entitled: SYSTEMS AND METHODS FOR VOLUMETRIC TISSUE SCANNING MICROSCOPY

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$) per §1.17(e).
- ☐ Enter the unentered amendment previously filed on _____ per §1.116.
- ☐ Small Entity Status is asserted.
- ☒ A Petition for Extension of Time for 2 month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$450.00) per §1.17.
- ☐ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☐ Other:

| CLAIMS AFTER AMENDMENT: | MINUS PRIOR PAID CLAIMS: | EQUALS PRESENT EXTRA CLAIMS: | RATE: | ADDITIONAL FEE: |
|---|--------------------------|------------------------------|--------------|-----------------|
| Independent | 3 - 3 | = | x \$200.00 = | 0 |
| Total | 29 - 29 | = | x \$ 50.00 = | 0 |
| <input type="checkbox"/> Multiple Dependent Claims (1st presentation) | | | + \$360.00 = | |
| SUBTOTAL ADDITIONAL FEE | | | | 0 |
| Small Entity filing, divide by 2. Small Entity status must be asserted. | | | | |
| TOTAL ADDITIONAL FEE | | | | 0 |

☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$) for the cost of same.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Johns, TC Art Unit 2624, Fax No. (571) 273 8300, on May 16, 2007

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